

HOME HEALTH CERTIFICATIONS

E&M Coding Education Questions?

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Primary Care providers perform a multiple of valuable services for their patients, from Preventive services to Sick encounters and everything in between. One of the services provided from the Primary Care service line are Home Health Certifications and Re-certifications.

According to the Centers for Medicare & Medicaid Services (CMS), physicians perform a billable service when they create and review a plan of care and oversee a home health agency's treatment of their patients. Home health plan certification is a significant yet often ignored source of physician revenue.

Home Health Certifications and Re-Certifications as with all coding and procedures have significant guidelines that each provider must adhere to in order to support reimbursement for their services.

Codes for CERTIFICATION Services:

G0180- Physician **certification** for Medicare-covered home health services under a home health plan of care (patient not present),

- including contacts with home health agency and
- review of reports of patient status required by physicians to affirm the:
- initial implementation of the plan of care that meets patient's needs, per certification period.

BILLING FOR INITIAL CERTIFICATION- G0180

The physician services for initial certification billable once for an episode of home health care.

This may be billed when the patient has not received Medicare-covered home health services for at least 60 days.

Codes for RE- CERTIFICATION Services:

G0179- Physician **re-certification** for Medicare-covered home health services under a home health plan of care (patient not present),

- including contacts with home health agency and
- review of reports of patient status required by physicians to affirm the:
- initial implementation of the plan of care that meets patient's needs, per re-certification period.

BILLING FOR RE-CERTIFICATION- G0179

Physician services for recertification may be billed after a patient has received services for at least 60 days after the physician signed the initial certification.

May be billed only once every 60 days, except in the rare situation when the patient starts a new episode before 60 days elapse.

FAQ- HOME HEALTH CERTIFICATIONS

Answers provided by CMS

When should the physician complete the CERTIFICATION?

- ▶ The physician should complete the certification when the home health POC is established or as soon as possible thereafter.
- ▶ It is not acceptable to wait until the end of a 60-day episode of care to obtain a completed certification; *and*
- ▶ The certification must be complete prior to an HHA billing Medicare for reimbursement.

When should the physician complete the RE-Certification, and what must be include in the recertification?

- ▶ At, or near, the end of the initial 60-day episode.
- ▶ Recertification is required at least every 60 days when there is a need for continuous home health care after an initial 60-day episode and unless there is a:
 - Patient-elected transfer
 - Discharge with goals met and/or no expectation of a return to home health care. If a patient is discharged and then requires a new episode, **the physician must complete a new certification.**

★ RE- CERTIFICATION TIPS ★

Medicare does not limit the number of continuous episodes of recertification for patients who continue to be eligible for the home health benefit.

But, documentation is a key factor to support additional services.

RE-Certification Documentation

The recertification must:

1. Be signed and dated by the physician who reviews the home health POC;
2. Indicate the continuing need for skilled services; and
3. Estimate how much longer the skilled services will be required.

PATIENT ELIGIBILITY FOR HOME HEALTH

- 1) Be confined to the home (that is, homebound),
- 2) Need skilled services,
- 3) Be under the care of a physician,
- 4) Receive services under a home health plan of care established and periodically reviewed by a physician,
- 5) Had a **face-to-face encounter** related to the primary reason for home health services with a physician/NPP:
 - No more than 90 days prior to the home health start of care date or
 - Within 30 days of the start of the home health care.